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ABSTRACT

This brief paper presents an update on the use of assistive technology (AT) among infants and toddlers for 1996. It finds that 13,525 children, ages birth to 2, received AT devices and services in 1996, a 45 percent increase from the number of very young children served in 1995. A table shows the number of infants and toddlers receiving any early intervention services from 1992 through 1996 and the number receiving AT devices and services for each of those years. The important contribution of state projects funded under the Technology-Related Assistance for Individuals with Disabilities Act is noted with reports from North Carolina, with an increase of 977 percent in number of young children receiving AT device and services; from Puerto Rico, with a 160 percent increase; and from New Mexico, with a 455 percent increase. A table details numbers of infants and toddlers receiving both early intervention services and AT devices/services for each state, District of Columbia, Puerto Rico, and territories and for each year from 1994 through 1996. (DB)

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UPDATE ON THE USE OF ASSISTIVE TECHNOLOGY AMONG INFANTS & TODDLERS

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The TAP Bulletin

a publication of the RESNA Technical Assistance Project

July 2000

UPDATE ON THE USE OF ASSISTIVE TECHNOLOGY AMONG INFANTS AND TODDLERS

The use of assistive technology devices and services among infants and toddlers continues to grow, according to new data released by the U.S. Department of Education. The data show that 13,525 children, ages birth to 2, received assistive technology devices and services in 1996. This represents a 45% increase from the number of young children served in 1995.

Since 1992, the Department of Education has kept track of the number of very young children who receive services under Part C (formerly Part H) of the Individuals with Disabilities Education Act (IDEA). These services include assistive technology devices and services, as well as occupational therapy, physical therapy, nutrition services, medical services, and speech-language pathology services.

Table 1 shows the increase in the number of infants and toddlers receiving AT devices and services since 1992, when schools started collecting this information. A state-by-state breakdown (including U.S. territories) of the numbers of infants and toddlers receiving AT devices and services is found in Table 2.

Table 1. Number of Infants and Toddlers Receiving Assistive Technology Devices and Services, 1992-1996

Year	Birth to 2 Population Receiving Any Early Intervention Services	Birth to 2 Population Receiving AT Devices and Services
1992	143,392	5,861
1993	154,065	6,678
1994	165,253	7,352
1995	177,734	9,274
1996	187,348	13,525

Data collected since 1994 have become more comprehensive. For example,

- All states now are required to conduct activities under Part C and to collect data on these services;
- Sources of data have become more reliable, with fewer duplicated counts; and
- States are able to collect more information on the services that are delivered. Initially some states did not capture counts for assistive technology devices and services, or only were able to capture some of the services provided, but now the states are able to do this.

Some states have indicated that their data collection is continuing to evolve. In some states, improvements in aspects of data collection have affected a state's numbers. For example, Florida reported that "the increase in the number of children who received assistive technology services and devices was due to better reporting of services and not to actual increases in services" (U.S. Department of Education, 1999).

Colorado reported that the changes in the "number of children who received various services was a result of the shift in data sources from state sources to locally generated summary data and the decision to classify more services in the *Other* category" (U.S. Department of Education, 1999).

Georgia reported that "the increase in the number of children who received assistive technology services was due to increased use of new protocols and awareness of policies by service providers" (U.S. Department of Education, 1999).

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Success of AT Act Projects

State AT Act Projects are working to increase the number of children who are receiving AT. There is some indication that AT Act Projects have had an impact on the increased number of young children receiving AT. Several examples are provided below.

North Carolina. North Carolina attributes the 977% increase in the number of young children receiving AT devices and services over the last year to the tremendous support early intervention receives in the state.

The North Carolina Assistive Technology Program (NCATP) is quite involved with the Division of Public Health (DPH), the agency responsible for assistive technology services for infants and toddlers. A staff member from the NCATP sits on the AT Birth to Five Advisory Board, thus helping with policy issues and practice decisions. Seven regional AT resource centers (ATRCs) are located throughout the state. All centers focus on AT services for children ages birth to 5, which includes infants, toddlers, and preschoolers. NCATP provided technical assistance to the centers in the start-up year under a contract from DPH, and currently operates one of the seven ATRCs under contract with DPH.

The NCATP and the DPH jointly funded an on-line statewide equipment loan network. In 1992, NCATP supported the DPH's successful effort to gain state dollars to provide funds for the purchase of AT for infants and toddlers with special needs, and to increase AT services to families and professionals working with very young children. In 1992, the General Assembly of North Carolina appropriated $250,000 to the DPH to purchase equipment for infants and toddlers with special needs. In November 1992, the DPH received an additional one-time funding of $700,000 from Part H funds secured from the Infant-Toddler Program to increase AT services for infants and toddlers. At that time the Advisory Board recommended that those funds be used to develop a network of assistive technology resource centers to provide equipment loans and additional training, technical assistance, and consultation to assist professionals and families in the use of AT devices. Additional funds were appropriated by the General Assembly in subsequent years to support the ATRCs. Thus, North Carolina purchased AT devices for infants and toddlers, which were included in the Individualized Family Service Plan (IFSP). The state also offered a network of centers that loaned AT devices for infants and toddlers for short time periods to enable the young children to "try out" equipment prior to purchase.

In addition, the DPH used Title V Funds from the Children's Special Health Services Program to supplement funding for infants and toddlers who qualified financially for AT services. As a result of these initiatives, many more infants and toddlers in North Carolina were able to receive AT services in 1996 than in previous years.

Puerto Rico. The Puerto Rico Assistive Technology Project experienced a 160% increase in the number of children who received AT devices and services under IDEA from 1995 to 1996. This was part of a concerted effort by the Puerto Rico Project to impact the Early Intervention Program in the Department of Health. The Project worked for more than 1.5 years to change a law for special education services. This change made special education service delivery more effective by clarifying lines of authority as well as by providing fiscal autonomy to purchase AT equipment. The Puerto Rico Project also was instrumental in developing regional AT resource centers to operate toy lending libraries. These lending programs are an important resource for parents. The lending programs also serve professionals who can use the equipment in the evaluation process of infants and toddlers.

New Mexico. New Mexico reported a 455% increase in the number of AT devices and services provided to infants and toddlers from 1995 to 1996. The New Mexico Technology Assistance (NMTA) Program worked out an agreement with the state's Developmental Disabilities Division in the Department of Health to transfer the authority and funding of AT for children, ages birth to 3, from the Developmental Disabilities Division to the NMTA

Program. The agreement also expanded the NMTA Program's equipment loan project to the 17 early childhood centers.

Summary

Infants and toddlers continue to benefit from assistive technology services. States are working to increase their services to this group of children, often with the aid of state assistive technology programs. In a few states, either policy changes in departments that provide assistive technology services or support from the states' legislatures, or both, have helped expand and improve children's access to assistive technology. Modifications in a few states' data collection methods explain some changes, both positive and negative, in the reported number of young children receiving AT devices and services.

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Table 2. Number of Infants and Toddlers Receiving Devices/Services under IDEA (1994-1996)

State	Any Early Intervention Services 1994	AT Devices/ Services 1994	Any Early Intervention Services 1995	AT Devices/ Services 1995	Any Early Intervention Services 1996	AT Devices/ Services 1996
Alabama	1,302	117	1,328	104	1,599	133
Alaska	390		432	1	470	5
Arizona	1,471	17	1,599	15	1,604	7
Arkansas	1,642	307	2,175	263	2,021	92
California	19,471	187	18,119	1,842	20,080	2,528
Colorado	3,459	987	3,917	264	2,462	77
Connecticut	1,903	182	2,426	195	2,915	0
Delaware	1,277	64	1,388	64	741	8
District of Columbia	204	106	440	16	380	13
Florida	7,115	178	10,771	271	11,897	1,008
Georgia	3,239	592	3,472	191	3,363	341
Hawaii	3,883	121	3,874	52	3,418	60
Idaho	869	82	845	94	931	105
Illinois	7,937	292	8,029	362	7,807	350
Indiana	4,138	99	4,188	149	4,379	152
Iowa	1,006	14	962	12	1,034	18
Kansas	1,200	159	1,429	267	1,492	234
Kentucky	1,334	116	1,637	212	2,085	195
Louisiana	2,633	85	2,245	64	1,955	75
Maine	475	28	849	28	623	19
Maryland	3,794	5	3,695	8	3,823	8
Massachusetts	8,114		8,484		9,059	
Michigan	3,598	51	4,384	116	5,142	115
Minnesota	2,567		2,622		2,658	135
Mississippi	422	24	716	21	654	10
Missouri	2,322	96	2,408	291	2,228	212
Montana	482	50	512	47	508	36
Nebraska	736	91	725	59	692	56
Nevada	728	22	841	22	941	18
New Hampshire	792		1,013		1,172	
New Jersey	3,010	300	3,407	59	3,852	9

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State	Any Early Intervention Services 1994	AT Devices/ Services 1994	Any Early Intervention Services 1995	AT Devices/ Services 1995	Any Early Intervention Services 1996	AT Devices/ Services 1996
New Mexico	1,480	109	1,747	140	2,156	774
New York	9,461	168	13,317	248	15,149	309
North Carolina	5,997	64	4,336	297	4,637	3,200
North Dakota	210	36	265	49	281	60
Ohio	16,056	93	15,205	177	17,355	185
Oklahoma	1,687	0	1,767	0	1,743	0
Oregon	1,256	39	1,479	41	1,797	56
Pennsylvania	6,349	100	6,845	95	7,046	78
Puerto Rico	4,183	1	4,793	30	4,666	78
Rhode Island	801	49	976	53	754	22
South Carolina	1,591	18	1,897	57	2,026	99
South Dakota	359	26	376	7	434	10
Tennessee	3,156	277	3,156	172	3,308	225
Texas	9,470	1,060	10,078	1,723	10,818	1,473
Utah	1,560	100	2,064	98	1,972	45
Vermont	314	10	341	5	308	1
Virginia	2,086	82	2,226	57	2,191	38
Washington	2,242	106	1,961	272	2,195	247
West Virginia	1,538	372	1,664	451	1,775	414
Wisconsin	3,321	251	3,616	183	3,994	171
Wyoming	423	6	434	22	423	15
American Samoa	35	2	40	5	45	0
Guam	134	10	114	0	165	0
Northern Marianas	31	8	44	3	61	5
Virgin Islands		2	56		64	1
US and Outlying Areas	165,253	7,352	177,734	9,274	187,348	13,525
50 States, DC, and PR	165,053	7,330	177,475	9,266	187,013	13,519

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